

Work Order ID 84262

84262

Page 1

May-08-12 2:41:58 PM

Item ID: D212-664-201

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/05/08 Tooling:

Date:

Run Start *NR1*

QC:

Date: SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D212-664-241

Rev D (DEO)

DSI9563

B

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D212-664-201 CHG005

110

0.00

110

Pick Kit

Packaging

Packaging

Memo

0.00

Packaging

12-7-16

12-6-27

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
 Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 84262***84262***

Page 2

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N900040100Setup Start ***NS1***

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Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	BENDING MACHINE - CROSSTUBES	0.00							
120		0.00							
CNC Bend 2	Memo								
CNC Alpha 160 Bender	Bend tube as per Dwg D212-664-241 using CNC bender program 212-aft								
130	QC15- Crosstube Dimensional Check	0.00							
130		0.00							
QC	Memo								
Quality Control									

MO / 12-6-28
RM

Sordouze

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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Page 3

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Revision ID:

Stop *NS2*

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

0.00

140

Crosstubes

Crosstubes

0.00

Memo

1-Drill pilot holes in tube as per Dwg D212-664-241 using drill Jig DT8550, DT8551, drill table DT8577 and locate tower holes #8 as per QSI0010.

2-Ream hole to finish size in tube as per Dwg D212-664-241 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-241

4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-241

mo

12-6-28

mo

12-7-3

150

150

HandFXtube

Hand Finishing Crosstubes

Crosstubes Chemical Conversion

0.00

Memo

0.00

Chemical Conversion Coat as within 24 hours of bending and drilling

150

QC S

** Wear latex gloves **

151

** Wear latex gloves **

1 - clean x tube with Wash n Wipe

12-7-6

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 84262

84262

Page 4

May-08-12 2:41:58 PM

Item ID: D212-664-201

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* QC Quality Control	QC3- Inspect Part Finish Memo	0.00 0.00							
170 *170* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00							
180 *180* Outsource2 Outsource process - NDT	Outsource process - NDT per QSI038 4.1 Memo Liquid Penetrant Inspection as per QSI 038 Issue P/O: <u>17380</u> LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order	0.00 0.00							

Wear latex gloves

CL 12/07/09

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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Page 5

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Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Receive & Inspect for Damage & Mat'l Certs
Packaging

0.00

190

Packaging

Memo

*** Wear latex gloves ***

Packaging

Ensure copy of NDT results attached to work order.

[Signature]

200

QC5- Inspect part completeness to step on W/O

0.00

200

QC

Memo

*** Wear latex gloves ***

Quality Control

Inspect for damage & ensure results are as per Dwg D212-664-241

[Signature] 12-07-09

201

*** Wear latex gloves ***

*-1- Pressure wash and then use wash n wipe
to clean x tube before chemical conversion*

AS 12-7-6

202

CARRY OUT STEP 155, 156 & 157

(155 AS 12-7-6)

(156, 157- Inspected QC7 M12-07-09)

W/O: 81262		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	
12/06/06	201	AFTER COMPLETION OF STEP 201 MOVE TO STEP 155, 156, & 157 ONCE COMPLETED MOVE TO STEP 210	P.S.M. 82	12/07/06				

Part No: D 212-664-201 PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 84262

84262

Page 6

May-08-12 2:41:58 PM

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Spray Painting per QSI005 4.2	0.00							
210	SprayPaint								
Spray Painting	<i>Memo</i>	0.00							
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube as per DEO D212-667-241 with White Imron as per QSI 005 4.2								
	PRIME:								
	Start Time: 10:00								
	Finish Time: 11:00								
	PAINT:								
	Start Time: 10:00								
	Finish Time: 11:00								
220	QC14- Inspect Spray Paint	0.00							
220									
QC	<i>Memo</i>	0.00							
Quality Control	Then, Wrap in plastic bag to protect from scratches								

**** Wear latex gloves ****

M

Start Time: 10:00
Finish Time: 11:00

Start Time: 10:00
Finish Time: 11:00

DAS 10 12/01/12

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 84262

84262

Page 7

May-08-12 2:41:58 PM

Item ID: D212-664-201

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
230	Crosstubes	0.00							
230									
Crosstubes	Memo	0.00							
Crosstubes	1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper, clean the area with 4105S wash 'n' wipe								
	2-Install supports with Proseal 890 per DSI9563 and QSI 015								
	A/R Proseal 890 Batch: <u>121287</u>								
	3-Install clamps as per Dwg D212-664-241. Torque clamps to 80-100 in lb.								
240	QC5- Inspect part completeness to step on W/O	0.00							
240									
QC	Memo	0.00							
Quality Control									
250	Pick Kit	0.00							
250									
Packaging	Memo	0.00							
Packaging									

DAS
16
2/16/12

12/17/10 SP

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 84262

84262

Page 8

May-08-12 2:41:58 PM

Item ID: D212-664-201

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Aft

Start Date: 08/05/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 28/05/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

260

QC4- 100% Inspect kits for completeness

0.00

260

QC

Memo

0.00

Quality Control

270

Packaging

0.00

270

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-201

280

QC21- Final Inspection - Work Order Release

0.00

280

QC

Memo

0.00

Quality Control

DAS
16
0.00 07/07/16

Reu H

12/7/16

12/7/17

MF
12-07-16

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

May-08-12 2:42:02 PM

Page 1

Work Order ID: 84262

84262

Parent Item: D212-664-201

D212-664-201

Parent Item Name: Crosstube Aft

Start Date: 08/05/2012

Required Date: 28/05/2012

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev:E04.02.16ReformatK/DS

IPP Rev:F 06-03-29 Remove Coments on Pick List JLM

IPP Rev:G 07-04-30 As per Rev C JLM

IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D212-664-
201TRNRevC

Manufactured No

110

Each

0.0000

1

1

MO 12-6-27

D212-664-201TRNRevC

**

Crosstube Turning Detail

D3595-063-530

Manufactured No

230

Each

183.0000

2

2

AB 12-7-15

D3595-063-530

**

RUBBER CUSHION

Location

Loc Qty

Loc Code

LG

144

79932

64

82656

80

MAT052

39

63407

6

67185

6

70067

18

72745

2

75783

7

D2940-1

Manufactured No

230

Each

39.0000

2

2

AB 12-7-15

D2940-1

**

Support

Location

Loc Qty

Loc Code

LG052

39

79118

19

82657

20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

May-08-12 2:42:02 PM

Work Order ID: 84262

84262

Parent Item: D212-664-201

D212-664-201

Parent Item Name: Crosstube Aft

Start Date: 08/05/2012

Required Date: 28/05/2012

Start Qty: 1.00

Required Qty: 1.00

MS21920-28

Purchased

No

230

Each

83.0000

4

4

MS21920-28

Clamp(per MIL-DTL-8783C)

**

AB 12-7-15

Location

Loc Qty

Loc Code

FG

5

105884

5

LG050

58

116839

2

118713

4

120054

2

121067

50

LG051

20

121440

20

D3428-1

Manufactured

No

250

Each

33.0000

1

1

D3428-1

Placard

**

Location

Loc Qty

Loc Code

ST042

33

78933

6

81881

17

83582

10

MS21042L6

Purchased

No

250

Each

702.0000

6

6

MS21042L6

Nut

**

12-7-16

Location

Loc Qty

Loc Code

ST300

702

117677

25

118384

3

118927

48

119075

426

120308

200

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

May-08-12 2:42:02 PM

Page 3

Work Order ID: 84262

84262

Parent Item: D212-664-201

D212-664-201

Parent Item Name: Crosstube Aft

Start Date: 08/05/2012

Required Date: 28/05/2012

Start Qty: 1.00

Required Qty: 1.00

AN960JD616

NAS1149D0663J

Purchased

No

250

Each

0.0000

18

18

AN960JD616

Washer

**

AN6-40A

Purchased

No

250

Each

114.0000

4

4

AN6-40A

Bolt

**

Location

Loc Qty

Loc Code

ST342

114

120187

66

120833

4

121349

19

121584

25

AN6-41A

Purchased

No

250

Each

55.0000

2

2

AN6-41A

Bolt

**

Location

Loc Qty

Loc Code

ST342

55

119749

5

120423

50

May-08-12 2:42:02 PM

Shop Packet Print

Page 3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

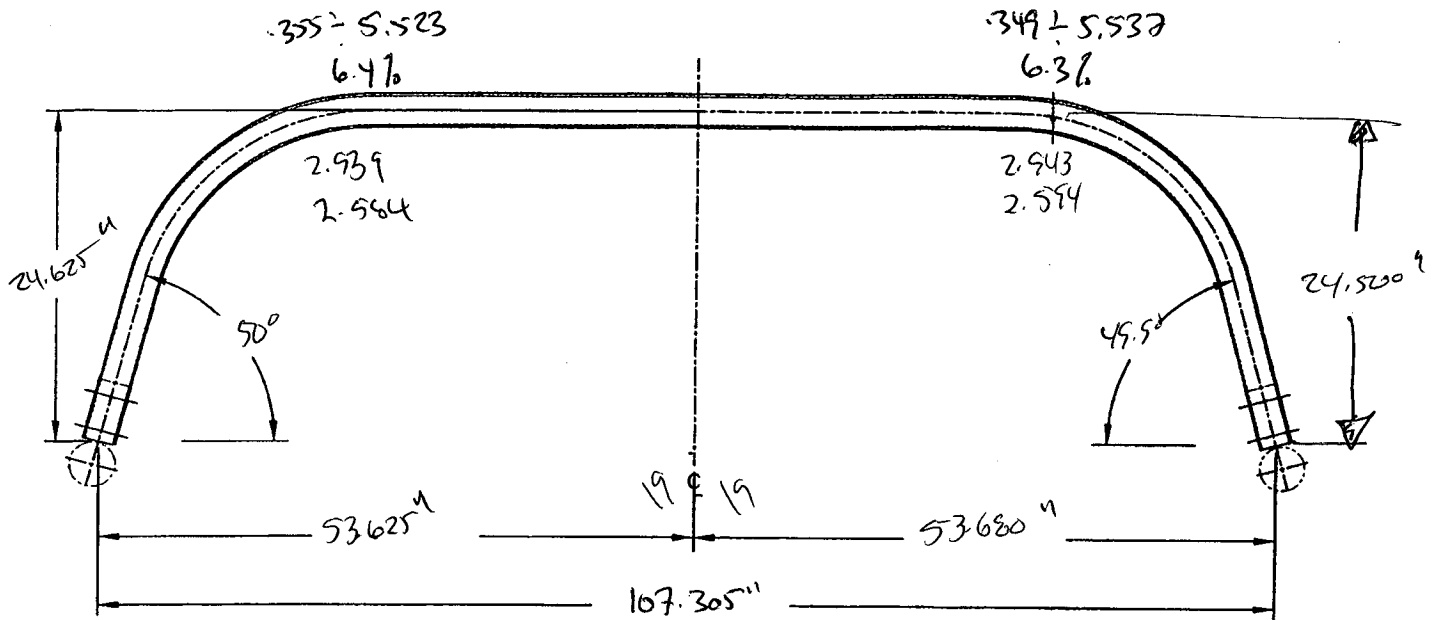
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	84262
Description: Crosstube High Aft (205/212)		Part Number:	D212-664-201
Inspection Dwg: D212-664-241 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	24.17	24.43
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70



Comments
SIDE A = 6.41% crushing @ 19 passes
SIDE B = 6.36% crushing @ 19 passes.
Acceptable. 07/26/28

QC15 Inspection	S
Date	12/04/28

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. C	KJ/JLM	
C	10.04.01	Dwg Rev updated	KJ	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART SERVICE INSTRUCTION

TO AMEND INSTRUCTIONS FOR CONTINUOUS AIRWORTHINESS ICA-D212-664 Rev. 6 OR LATER

REF. CANADIAN STC: SH01-9

REF. FAA STC: SR01298NY

REF. EASA STC: EASA.IM.R.S.01304

PURPOSE:

The supports on the following crosstubes are now installed using Proseal instead of Magnobond:

D212-664-101/-101B @ CHG 005

D212-664-201/-201B @ CHG 005

D412-664-105 @ CHG 002

D212-664-207/-207B @ CHG 002

D212-664-107/-107B @ CHG 002

CHANGE:

For the crosstubes listed above, section 32.4 of ICA-D212-664 is amended as follows. Use Figure 1 of this service instruction and Figures 32-2 to 32-9 of ICA-D212-664 for further reference. For crosstubes of an earlier change number, it is recommended that if the supports are removed, the supports should be reinstalled using the procedure listed below.

32.4 SUPPORT INSTALLATION

- 32.4.1 Locate the area on the crosstube for installation of support (see Figure 1 of this service instruction). For D212-664-101/-107/-201/-207 and D412-664-105 crosstubes, the outward face of the support tabs should be 14.0" (355mm) from the crosstube center for 204/205/210/412/UH-1 aircraft. For installation on 214B/B-1 aircraft, the outward face of the support tabs should be 13.75" (349mm). Ensure paint finish of crosstube is intact; touch up as required per Chapter 5 (5.3.9) of ICA-D212-664.
- 32.4.2 If present, remove any paint/primer on bottom of supports. Abrade mating surfaces of support and crosstube with 400-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.3 Ensure a layer of 3M Scotch-Weld 2216 B/A Epoxy Adhesive is on the bottom of the support. If required, either apply or touch-up support to have a 0.03" to 0.05" thick layer of adhesive over the entire mating surface. Allow supports to cure for 24 hours.
- 32.4.4 Abrade mating surfaces of support (after cure) and crosstube with 180-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.5 Apply a 0.04" to 0.07" thick layer of Proseal 890 Class B or AMS-S-8802 Class B sealant underneath applicable support and install support as shown in Figure 1 of this service instruction.
- 32.4.6 Install the clamps opposite to crosstube support as shown in section A-A of Figure 1. Install rubber cushions underneath each clamp around the bottom circumference of the crosstube up to the crosstube centerline. Torque clamps 80-100 in-lb (9.0-11.3 Nm). It is acceptable to use smaller or larger sized MS21920-XX clamps than those listed in ICA-D212-664, ensure that after torquing the clamps per this instruction, the nuts are in safety but not bottomed out
- 32.4.7 Prior to installing crosstube on aircraft, allow supports to cure for 72 hours and recheck torque on clamps.

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-Q-01

APPROVED

BY: *[Signature]*
D. SHEPHERD (DE # 02)

DATE: 11.07.20

CERT. NO.: SH01-9

ISSUE NO.: 3

B	ADD 3M 2216 ADHESIVE TO SUPPORT	CP	11.07.15
A	NEW ISSUE	CP	11.06.14
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>q</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	<i>q</i>		
CHECKED	<i>ASS</i>	DRAWING NO.	REV. B
MFG. APPR.	<i>N/A</i>	DSI 9563	SHEET 1 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	SUPPORT INSTALLATION CHANGE	NTS
DATE	11.07.15	COPYRIGHT © 2011 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

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WORK ORDER

NO. 12057008

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

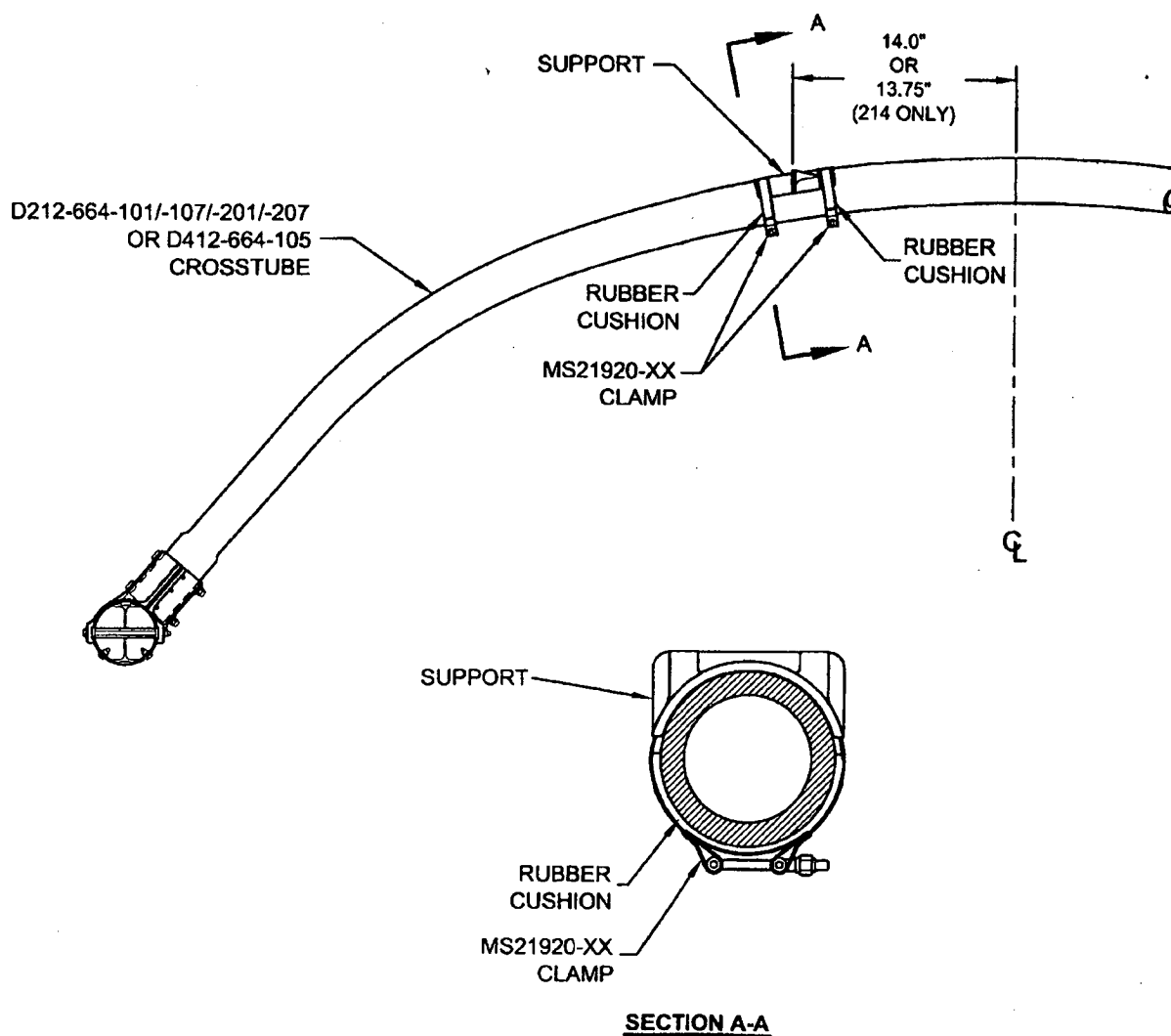


FIGURE 1: SUPPORT INSTALLATION

CANADA
DEPARTMENT OF TRANSPORT
AIRCRAFT CERTIFICATION
BRANCH
DAO # 01-O-01

APPROVED
[Signature]
BY: D. SHEPHERD (DE # 02)

DATE: 11.07.20
CERT. NO.: SH01-9
ISSUE NO.: 3

DESIGN	9	DART AEROSPACE LTD	
DRAWN	9	HAWKESBURY, ONTARIO, CANADA	
CHECKED	ASS	DRAWING NO.	REV. B
MFG. APPR.	N/A	DSI 9563	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Item	Qty -241	Qty -241B	Part Number	Description
1	X		D212-664-241	CROSSTUBE ASSEMBLY (205/212 HIGH AFT)
2		X	D212-664-241B	CROSSTUBE ASSEMBLY (214 HIGH AFT)
3	1	1	D6006-129	CROSSTUBE
4	2	2	D2940-1	SUPPORT
5	4	4	D3595-063-530	RUBBER CUSHION
6	4	4	MS21920-28	CLAMP (OR MS21920-30)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- MATERIAL: MANUFACTURED FROM D6006-129
FINISHED LENGTH = 124.362±0.020
- FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- WEIGHT: D212-664-241 = 44.2 lbs (PER IIN-D212-664)
D212-664-241B = 44.2 lbs (PER IIN-D212-664)
- PART IS SYMMETRIC ABOUT CENTERLINE.
- RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- BEND PROGRESSIVELY WITH A MINIMUM OF 5 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

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NO. 84267 MLJ

12/05/08

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RELEASED
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS: ADD -241B (ZN D4-2, B4-2); REMOVED REF & ADD TOLERANCES (ZN D8-3 & C4-3; C6-3 & A8-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -1009 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-241	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
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DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

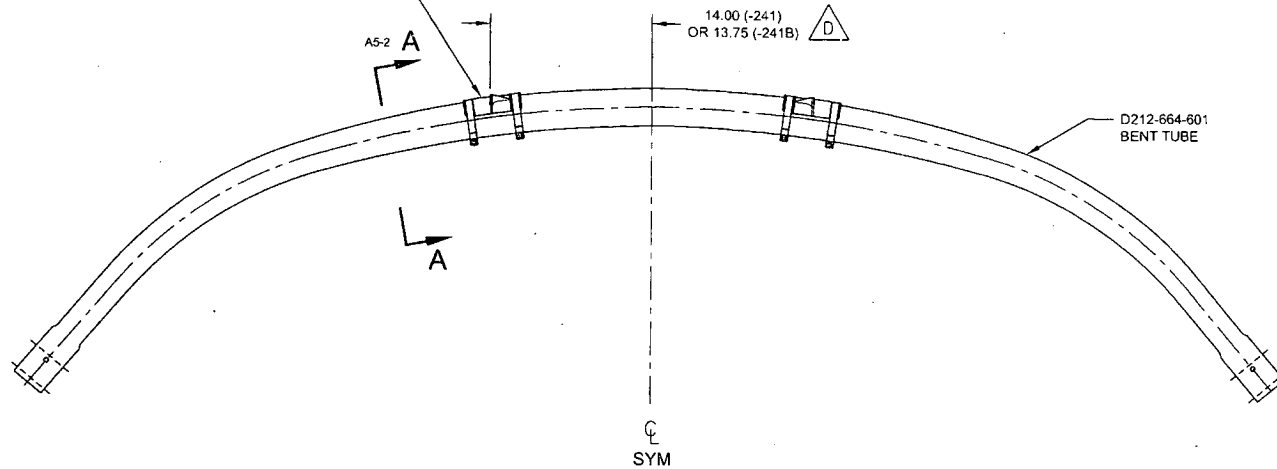
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

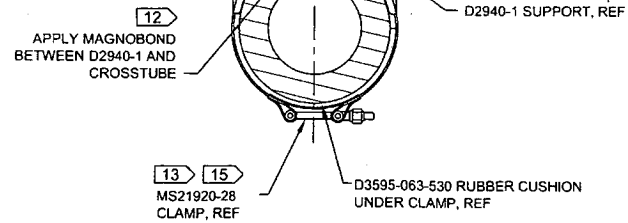
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

12 13 15
 D2940-1 SUPPORT
 MS21920-28 CLAMP, 2X
 D3595-063-530 RUBBER CUSHION, 2X
 2 PL



D212-664-241/-241B
ASSEMBLY DETAIL



SECTION A-A
 SCALE 4X

84262

SC0411-614
 11.07.26

UNDER REVIEW
 11.06.13

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 2009-10-28

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	9	DRAWING NO.	REV. D
MFG. APPR.	SS	D212-664-241	SHEET 2 OF 4
APPROVED	AP	TITLE	SCALE
DE APPR.	H	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
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DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

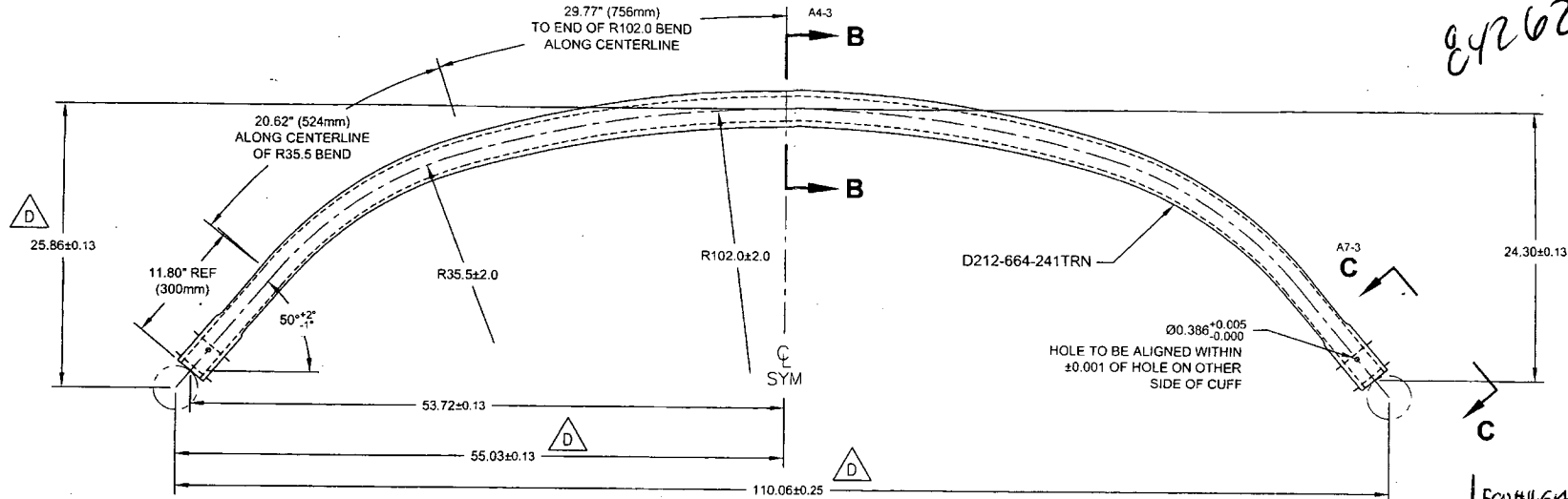
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NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

8 7 6 5 4 3 2 1

84262



D212-664-601 10 D
BENDING AND DRILLING DETAIL

ECU #11-614
K.07.26

UNDER REVIEW
09/11/2003

DEO ATTACHED

RELEASED
 2009-10-29

VIEW C-C: CUFF DETAIL D2-3
 SCALE 3X

SECTION B-B D4-3
 SCALE 4X

DESIGN	PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	PS	DRAWING NO.	REV. D
MFG. APPR.	PS	D212-664-241	SHEET 3 OF 4
APPROVED	PS	TITLE	SCALE
DE APPR.	PS	CROSSTUBE ASS'Y (205/212 HI AFT)	NTS
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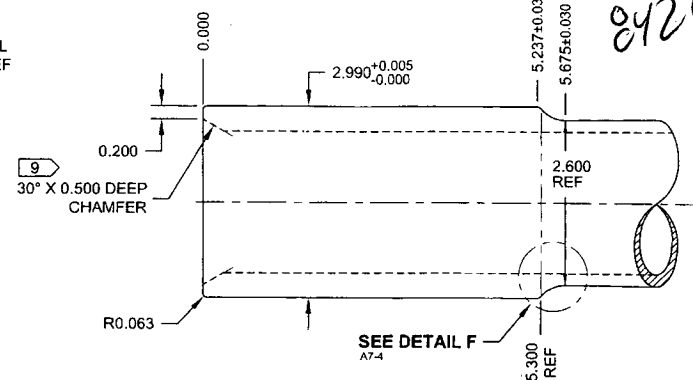
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

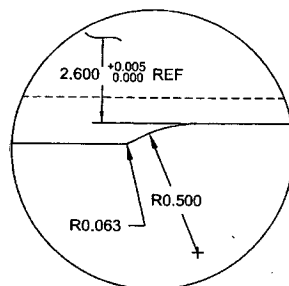


DETAIL D:
CROSSTUBE CUFF 08-4
SCALE 5X

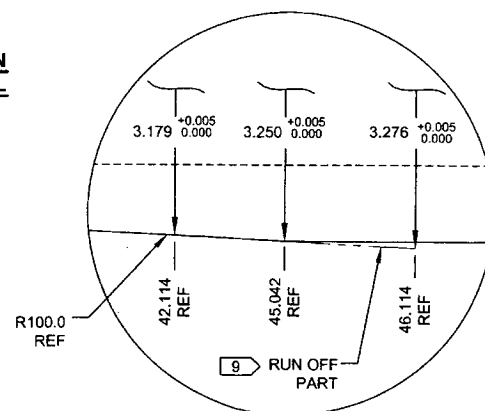
620A11-614
 11.07.28
 UNDER REVIEW
 9/1/08/13

DEO ATTACHED

RELEASED
2009-10-29
WAF



DETAIL F:
CUFF TRANSITION C2-4
SCALE 10X



DETAIL E:
TAPER RUN-OFF C5-4
NOT TO SCALE

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. D
MFG. APPR.	DS	D212-664-241	SHEET 4 OF 4
APPROVED	NO	TITLE	SCALE
DE APPR.	TH	CROSSTUBE ASSY (205/212 HI AFT)	NT
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASSY (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED	DE APPR.			
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12			

PURPOSE:

ADD AN INSPECTION WINDOW TO UNDERSIDE OF CROSSTUBE.

CHANGE:

NOTES 2 OF SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND
PAINT OUTSIDE PER DART QSI 005 4.2
REMOVE MASKING AND APPLY CLEAR COAT

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2

RELEASED
2011-04-18

UNDER REVIEW

11.16.13

ECN#1-614

11.07.20

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

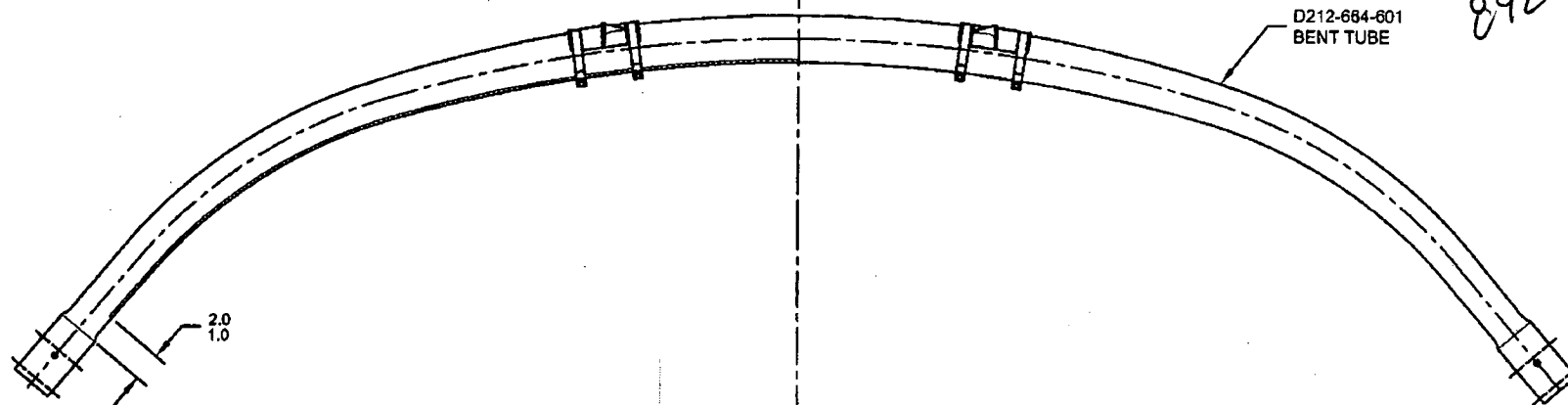
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASSY (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED <i>UP</i>	MFG. APPR. <i>E</i>	APPROVED <i>MD</i>		DE APPR. <i>#</i>		
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12		DATE 11.04.12		

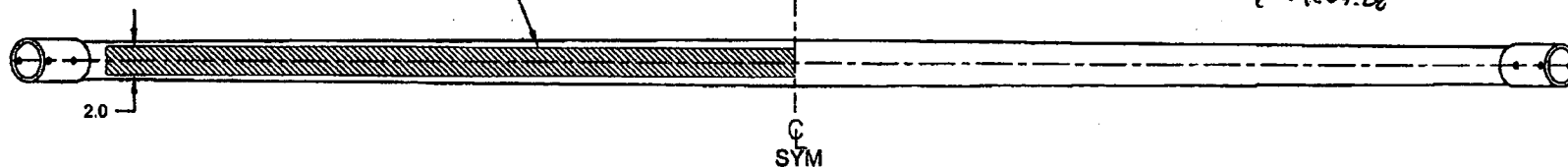
IS:

WAS:



**D212-664-241-241B
ASSEMBLY DETAIL**

MASK AREA PRIOR TO PAINTING,
REMOVE MASKING AFTER PAINT
AND APPLY CLEAR COAT



RELEASED
2011-04-18

UNDER REVIEW

UP 11.06.13
00111.64
11.07.28

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-241	TITLE CROSSTUBE ASS'Y (205/212 HI AFT)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-241-D-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>Q</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>8</i>	APPROVED <i>MD</i>		DE APPR. <i>#</i>		
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21		DATE 11-07-21		

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -241	Qty -241B	Part Number	Description
7	A/R	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	-----	----------------	---

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2940-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-07-28
MD

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

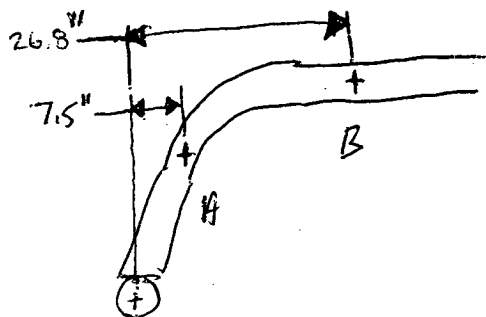
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

12.03.08

CRUSHING OF D350-748-201



Point A: $OD1 = 2.061$ $OD2 = 2.419$
 $CRUSHING = (2.419 - 2.061) / (2.419 + 2.061) = 8\%$
 $I = 0.395 \text{ in}^4$ (from AutoCAD)

Point B: ~~$OD = 2.299$~~ $ID = 2.061$ $OD = 2.299$
 $I = \text{~~0.488~~} 0.586 \text{ in}^4$

A: $F = M_L / I = P \times 2.061 \times 7.5 / 2 \times 0.395 = 19.57 P$
 B: $F = M_L / I = P \times 2.299 \times 26.8 / 2 \times 0.586 = 52.57 P$

$$MS = 52.57 / 19.57 - 1 = 1.6$$

Tube will fail at support before failing at area of high crushing (near the bottom of the bend).
 Therefore 8% crushing at end of the bend is acceptable

GP 12.03.08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Auto Date: 12/07/19QA Closed: OK Date: 12/11/20

Work Order: <u>84262</u> Part No. <u>D212-664-201</u> NCR No. <u>12-1599</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input checked="" type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>	12/6/20	120	1	CRUSHING AFTER BENDING IS OVER TOLERANCE	CP 12/6/20	ACCEPTABLE PER ATTACHED SR.	N/A	DAS 16 12/6/20	DAS 16 12/6/20		
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY							
Landing Gear		General					
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced			
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input checked="" type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure			
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld			
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled			
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved				
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong				
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other			
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset					
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration					
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence					
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions					



LIQUID PENETRANT TEST REPORT

P- 12192

CLIENT

ATTENTION

ADDRESS

PROJECT

ITEM(S) EXAMINED

DATE

ACUREN JOB NO.

PO/VO No.

WORK LOCATION

ACCEPTANCE STD.

PAGE

OF

TIME

AM

PM

JOB DESCRIPTION

PROCEDURE NO. LT-002 REV./DATE 2008

TECHNIQUE NO. LT-1A12 REV./DATE 2008

PART NO.

SCOPE

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	MAGNA FLUX		BLACK LIGHT S/N	16459	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²
PENETRANT	2467	MINIMUM DWELL TIME	45	MIN.	<input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT
PENETRANT REMOVER	H2O	MINIMUM DRY TIME	>10	MIN.	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
DEVELOPER	SKD 52	MINIMUM DWELL TIME	10	MIN.	OTHER LAB 20
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY	LIGHT METER S/N	1098966
			CAL DUE DATE 7/19/08		

TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < - 4°C/ 20°F	<input type="checkbox"/> - 4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

RESULTS- ☒ METRIC ☐ IMPERIAL

W.O. CROSS HUB			
1	84263	" "	✓
1	84267	" "	✓
1	83088	" "	✓
1	86010	" "	✓
1	86011	" "	✓
1	85056	" "	✓
1	85057	" "	✓

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE	Andy Sheldon	DTR #	E-63666
TECHNICIAN (SIGNATURE):	Mike Linton	REPORT REVIEWED BY:	
NAME (PRINT):	Mike Linton	NAME	INITIALS
CGSB LEVEL	SNT LEVEL	CGSB LEVEL	SNT LEVEL
CGSB REG. NO.	6606	CGSB REG. NO.	

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY

PT Sept 2005